

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 15549


Application ID: 10063999

Title of Invention: PACKAGE WITH ATTACHED
RESEALABLE COVER AND
METHOD OF MAKING SAME

First Named Inventor: William Muir

Domestic/Foreign Application: Domestic Application

Filing Date: null

Effective Receipt Date: 2002-06-03 

Submission Type: Utility Patent Filing

Filing Type: new-utility

Confirmation Number: 0

Attorney Docket Number: 70368-84

Digital Certificate Holder: cn=John E. McGarry, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US

Certificate Message Digest: ULNQhv78mOJ8Tu30byR8fA==

Total Fees Authorized: \$446.0

Payment Category: DA - Deposit Account

Deposit Account Number: 502003

Deposit Account Name: John E. McGarry

TRANSMITTAL FORM

1c474 U.S. PTO
10/063999
06/03/02

Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

70368-
84

Submission Type: Utility Patent
Filing

PACKAGE WITH ATTACHED RESEALABLE COVER AND METHOD OF MAKING SAME

First Named Inventor: Mr. William W. Muir Jr.

SUBMITTED BY

Name:	John E. McGarry Esq.
Registration Number:	22,360
Electronic Signature Mark: /s/ John E. McGarry	Date Signed: 20020603

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	dec1.tif
declaration	dec2.tif

dec3.tif

70368-84apds.xml

70368-84asgn.xml

70368-84fee.xml

spec.xml

dec1.tif

dec2.tif

dec3.tif

Comments:

10063999

Please type a plus sign in this box:



PTO/SB/01 (3-97)

Approved for use through 6/30/98. OM B 0651-0032
Patent and Trademark Office, US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OM B control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	70368-84
		First Named Inventor	William W. Muir, Jr.
COMPLETE IF KNOWN			
		Application No.	
		Filing Date	
		Group Art Unit	
		Examiner Name	

☒ Declaration submitted with or initial filing ☐ Declaration submitted after initial filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGE WITH ATTACHED RESEALABLE COVER AND METHOD OF MAKING SAME

(Title of the Invention)

the specification of which

☒ is attached hereto

or

☐ was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/295,650	06/04/01	

Please type and sign in this box:



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DECLARATION - Utility Or Design Patent Application			
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International Application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International Application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is a material patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.</p>			
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
<p><input type="checkbox"/> Additional U.S. or PCT International Application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.</p> <p>As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Custom er Number 20915</p> <p>Or</p> <p><input type="checkbox"/> Registered practitioner(s) name(s) and registration number listed below</p>			
Name		Registration No.	
John E. McGarry	22,360	Mark A. Davis	37,118
H. Lawrence Smith	24,900	G. Thomas Williams	42,228
Joel E. Bair	33,356	Michael F. Kelly	50,859
<p><input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.</p>			
Direct all correspondence to <input checked="" type="checkbox"/> Custom er Number or Bar Code Label		20915	or <input type="checkbox"/> Correspondence Address below
Name	John E. McGarry, Reg. No. 22,360 McGarry Bair LLP		
Address	171 Monroe Avenue, NW, Suite 600		
City, State, Zip	Grand Rapids, Michigan 49503		
Country	US	Telephone	616-742-3500
		Fax	616-742-1010
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
William W.		Muir, Jr.	
Inventor's Signature	Dated		5/31/02
Residence: City	Grand Rapids	State	MI
		Country	US
Post Office Address	2764 Pioneer Club Drive		
City	Grand Rapids	State	MI
		Zip	49506
		Country	US
<p><input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.</p>			

Please type a plus sign in this box:



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Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Frank G.		deB min					
Inventor's Signature						Dated	
						5/31/02	
Residence: City	Grand Rapids	State	MI	Country	US	Citizenship	US
Post Office Address		1546 Riveron, S.E.					
City	Grand Rapids	State	MI	Zip	49546	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 446

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 50-2003
Deposit Account Name: McGarry Bair LLP



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: John E. McGarry
Electronic Signature Mark: /s/ John E. McGarry
Date Signed: 20020603

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 24	203	\$ 9	4	\$ 36
Independent Claims: 3	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 36

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40